

Utah Department of Health, Child Care Licensing

**Application for a CHANGE in Center, Hourly Center, or Out of School Time Program
Child Care License**

Note: It may take up to 60 days to process your **completed** application, or 120 days if FBI fingerprint clearances are required.
An application is considered complete when **all** required items have been received by Child Care Licensing.

A. IDENTIFYING INFORMATION:

Facility Name: _____ Phone #: (____) _____

E-mail Address (optional): _____

Facility Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Director: _____ Phone: (____) _____

Cell: (____) _____ (If this application is for a change of director, see instructions in Section B, # 1 below.)

B. CHANGE REQUESTED & DOCUMENTS REQUIRED:

Mark all that apply, and include all required documents listed under the change you are requesting.

1. ☐ Change of Director

- ☐ Name of proposed director _____
- ☐ A completed CBS/LIS Consent & Release of Liability form for the proposed director, unless Child Care Licensing has already completed a background clearance for the proposed director within the past six months.
- ☐ A copy of the educational credentials for the proposed director, as outlined in the Child Care Licensing rules.

2. ☐ Increase or Decrease in Your Licensed Capacity

- ☐ Requested **INCREASE** in capacity by: _____ Requested new total capacity: _____
- ☐ Requested increase for children under age 2: _____ Requested new capacity for children under 2: _____
- ☐ Check if a new or different room or area of the facility will be used with this change.
 - ☐ \$1.50 per child fee payable to "Utah Department of Health" for a requested increase in capacity
 - ☐ A copy or diagram of the facility's floor plan.
 - ☐ A copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
 - ☐ A copy of a new business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a new business license is not required.
 - ☐ \$25.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.
- ☐ Requested **DECREASE** in capacity by: _____ Requested new total capacity: _____
- ☐ Requested decrease for children under age 2: _____ Requested new capacity for children under age 2: _____
- ☐ Check if a new or different room or area of the facility will be used with this change.
 - ☐ A copy or diagram of the facility's floor plan.
 - ☐ \$25.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

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Approved Capacity: _____
Under 2: _____

3. ☐ **Change of Type**

Requested Type: ☐ Center ☐ Hourly Center ☐ Out of School Time

- ☐ New completed initial CBS/LIS Consent & Release of Liability forms for all covered individuals.
- ☐ A copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
- ☐ A copy of a new business license or a copy of a document from a city/county employee stating a new business license is not required.
- ☐ A copy of the director's educational credentials, as outlined in the Child Care Licensing rules, for the new type of license.
- ☐ A copy of the Certificate of Attendance (in the last 6 months) from New Center Provider Orientation training for the new type of license.
- ☐ \$25.00 fee payable to "Utah Department of Health" if more than two license changes during the current licensing year or a licensing fee has not been paid in the last six months.

4. ☐ **Change of Facility Name**

- ☐ New facility name: _____
- ☐ \$25.00 fee payable to "Utah Department of Health" if more than two changes during the current licensing year.

5. ☐ **Addition or Removal of an Owner, Officer, or Board Member**

- ☐ Current Owner/Officer/Board Member Name: _____ Phone #: (____) _____
- ☐ New Owner/Officer/Board Member Name: _____ Phone #: (____) _____
- ☐ Full Address: _____
 - ☐ Completed CBS/LIS Consent & Release of Liability forms for each new owner/officer/board member.
 - ☐ Fingerprint card(s) and \$36.50 per person fee payable to "Utah Department of Health" for each new owner/officer/board member who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.
- ☐ Name of Owner/Officer/Board Member to be removed from your License: _____

C. TYPE OF ORGANIZATION (check one box only):

- ☐ **Individual Owner**
- ☐ **Corporation:** On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Partnership:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Limited Liability Company:** On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
- ☐ **Other:** _____

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each additional owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____ **Check one:** ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Copy and use additional pages if necessary

D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Facility Representative

_____/_____/_____
Date

**Submit completed application, fees, and all required application documents to
the Salt Lake office or the Provo office.**

Salt Lake Office

Mailing Address
Child Care Licensing, Salt Lake Office
P.O. Box 142007
Salt Lake City, UT 84114-2007

Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 372-4145

Provo Office

Child Care Licensing, Provo Office
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168